



# Recovery Support Services Documentation Manual

Missouri Department of Mental Health

**Division of Alcohol and Drug Abuse**



## **Recovery Support Services**

### **Documentation Manual**

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### **ATR III Recovery Support Services Documentation Guidelines**

Access to Recovery is a voucher funded addiction treatment and recovery support program. To participate in ATR III, recovery support organizations must first be credentialed and contracted by the Department of Mental Health (DMH), Division of Alcohol and Drug Abuse (ADA). Recovery support services are authorized by the creation of a recovery support voucher. RS vouchers may be created by eligible DMH contracted clinical treatment programs or Recovery Support Access Sites. RS vouchers authorize a specific amount of funding for a specific service at a specific recovery support provider organization. The authorized RS service is then provided to the specific client. The service is then documented in program records for later review and/or audit by DMH personnel.

The required documentation falls into two categories: 1) individual service notes or 2) group service logs. Individual service notes are maintained in a separate client record. Each client served will have a separate client record or file which contains documentation of individual client services. Group logs are maintained in files chronologically, by type of group.

Individual service notes and group logs must contain:

1. name of client
2. signature of client
3. client's DMH ID number
4. type of service
5. date of service
6. start and end time of service
7. summary of the service provided
8. signature of staff person providing the service

Housing documentation must also contain:

1. signature and times staff provided housing supervision
2. physical address where service was provided

The mileage transportation log must also contain:

1. number of miles transported
2. purpose of transportation, to/from
3. signature of driver providing the service

Care Coordination, Recovery Coordination, Re-entry Coordination, and Recovery Coaching do not require client signature unless the client was present for the service.

For complete service descriptions and limitations, consult the Recovery Support Services, Descriptions and Prices document and your DMH recovery support contract.



## ATR III INDIVIDUAL SERVICE NOTE

[illegible]



## ATR III GROUP LOG

<b>Group Title/Topic</b>		
<b>Date of Service</b>	<b>Approved Services</b>	<b>Qualified Services</b>
<b>Start Time</b>	<input type="checkbox"/> Recovery Education	<input type="checkbox"/> Family Engagement
<b>End Time</b>	<input type="checkbox"/> Spiritual Life Skills	<input type="checkbox"/> Recovery Counseling
<b># Units of Service</b>	<input type="checkbox"/> Work Preparation	<input type="checkbox"/> Spiritual Counseling
<b>Group Leader/Staff Signature</b>		
<b>Group Summary</b>		
<b>DMH ID #</b>	<b>Client Name (<i>Print</i>)</b>	<b>Client Signature</b>



# ACCESS TO RECOVERY

**ATR II GROUP LOG (continuation page 2)**

[illegible]



## ATR III DROP IN CENTER LOG

<b>Date of Service</b>			
<b>Drop In Center Open Time</b>	<b>Drop In Center Close Time</b>		
<b>Group Leader/Staff Signature</b>			
<b>Group Leader/Staff Signature</b>			
<b>Drop In Center Activities Summary</b>			
<b>DMH ID #</b>	<b>Client Name (<i>Print</i>)</b>	<b>Client Signature</b>	<b>Time Present</b>

**ATR II DROP IN CENTER LOG (continuation page 2)**[illegible]



## ATR III MILEAGE TRANSPORTATION LOG

**Driver Name/Signature:** \_\_\_\_\_

[illegible]



## ATR III HOUSING LOG

**House Address:**

**Date of Service:**

**Check Type of Service:**

☐ **Peer Housing**

☐ **Supervised Housing**

**Staff Member Name/Signature**

**House Supervision Time**

**DMH ID #**

**Client Name (print)**

**Client Signature**



## ATR III INDIVIDUAL SERVICE NOTE

Client Name ( <i>Print</i> ) <b>John Doe</b>		Check Type of Service ( <i>check one only</i> )	
DMH ID# <b>1234567</b>		<b>Approved Services</b>	<b>Qualified Services</b>
Date of Service <b>1-30-2011</b>		<input checked="" type="checkbox"/> Care Coordination <input type="checkbox"/> Re-Entry Coordination <input type="checkbox"/> Peer Support <input type="checkbox"/> Work Preparation	<input type="checkbox"/> Family Engagement <input type="checkbox"/> Recovery Coaching <input type="checkbox"/> Recovery Counseling <input type="checkbox"/> Spiritual Counseling
Start Time <b>11:00 a.m.</b>			
End Time <b>11:15 a.m.</b>			
# Units of Service <b>1</b>			
Summary of Session			
<b>Discussed client's probation requirements and treatment goals.</b>			
<b>Contacted Pathway's office at (555)567-5409 and confirmed client's</b>			
<b>place on the waiting list for residential level 1 treatment with James</b>			
<b>Baker. Provided consumer's contact information so treatment</b>			
<b>center can notify if bed is available sooner. Contacted probation</b>			
<b>officer to inform client is in this RS program and inform of waiting</b>			
<b>list at Pathways</b>			
Client Signature <i>John Doe</i>			
Staff/Service Provider Signature <i>Bob Gibson</i>			



## ATR III INDIVIDUAL SERVICE NOTE

Client Name ( <i>Print</i> ) <b>Jackie Brown</b>		Check Type of Service ( <i>check one only</i> )	
DMH ID# <b>1234567</b>	<b>Approved Services</b>	<b>Qualified Services</b>	
Date of Service <b>1-30-2011</b>	<input type="checkbox"/> Care Coordination	<input checked="" type="checkbox"/> Family Engagement	
Start Time <b>11:00 a.m.</b>	<input type="checkbox"/> Re-Entry Coordination	<input type="checkbox"/> Recovery Coaching	
End Time <b>11:45 a.m.</b>	<input type="checkbox"/> Peer Support	<input type="checkbox"/> Recovery Counseling	
# Units of Service <b>3</b>	<input type="checkbox"/> Work Preparation	<input type="checkbox"/> Spiritual Counseling	
Summary of Session			
<b>Met with client and her husband Jordan to discuss her plan to see</b>			
<b>their son Joshua who is currently in foster care. Jackie is excited</b>			
<b>because thoughts of seeing Joshua keep her going during hard days.</b>			
<b>She is motivated by the possibility of a permanent reunion. Jordan</b>			
<b>is working to get the house ready for the weekend. Talked about</b>			
<b>potential triggers in the house and her relapse prevention plan that</b>			
<b>we developed together last week. Verified that she had the emergency</b>			
<b>numbers card to take with her.</b>			
Client Signature <i>Jackie Brown</i>			
Staff/Service Provider Signature <i>Stan Musial</i>			



## ATR III INDIVIDUAL SERVICE NOTE

Client Name ( <i>Print</i> ) <b>Jackie Doe</b>		Check Type of Service ( <i>check one only</i> )	
DMH ID# <b>1234567</b>	<b>Approved Services</b>	<b>Qualified Services</b>	
Date of Service <b>1-30-2011</b>	<input type="checkbox"/> Care Coordination	<input type="checkbox"/> Family Engagement	
Start Time <b>11:00 a.m.</b>	<input type="checkbox"/> Re-Entry Coordination	<input checked="" type="checkbox"/> Recovery Coaching	
End Time <b>11:30 a.m.</b>	<input type="checkbox"/> Peer Support	<input type="checkbox"/> Recovery Counseling	
# Units of Service <b>2</b>	<input type="checkbox"/> Work Preparation	<input type="checkbox"/> Spiritual Counseling	
Summary of Session			
<b>Met with Jackie to identify her recovery goals. She prioritized that she</b>			
<b>would like to work the 12 step program with her sponsor, find a job</b>			
<b>that pays at least \$9 per hour and is close to her mom's house. She</b>			
<b>would also like to reestablish a relationship with her sister. We talked</b>			
<b>about the first step towards each goal. Next Monday we will work on</b>			
<b>establishing an email address where Jackie can be reached by both</b>			
<b>potential employers and her sister.</b>			
Client Signature <i>Jackie Doe</i>			
Staff/Service Provider Signature <i>Barry Sanders</i>			



## ATR III INDIVIDUAL SERVICE NOTE

Client Name ( <i>Print</i> ) <b>Arlo Guthrie</b>	Check Type of Service ( <i>check one only</i> )	
DMH ID# <b>1234567</b>	<b>Approved Services</b>	<b>Qualified Services</b>
Date of Service <b>1-30-2011</b>	<input type="checkbox"/> Care Coordination <input checked="" type="checkbox"/> Re-Entry Coordination <input type="checkbox"/> Peer Support <input type="checkbox"/> Work Preparation	<input type="checkbox"/> Family Engagement <input type="checkbox"/> Recovery Coaching <input type="checkbox"/> Recovery Counseling <input type="checkbox"/> Spiritual Counseling
Start Time <b>11:00 a.m.</b>		
End Time <b>11:30 a.m.</b>		
# Units of Service <b>2</b>		
Summary of Session		
<b>Met with client and his PO Sandra Johnson to talk about supervision,</b>		
<b>plan our house rules, and expectations and his employment goals.</b>		
<b>We will provide transportation to the treatment center tomorrow for</b>		
<b>John's first appointment with his counselor.</b>		
Client Signature <i>Arlo Guthrie</i>		
Staff/Service Provider Signature <i>John Cash</i>		



## ATR III INDIVIDUAL SERVICE NOTE

<b>Client Name (Print)</b> Jackie Doe	<b>Check Type of Service (check one only)</b>	
<b>DMH ID#</b> 1234567	<b>Approved Services</b>	<b>Qualified Services</b>
<b>Date of Service</b> 1-30-2011	<input type="checkbox"/> Care Coordination	<input type="checkbox"/> Family Engagement
<b>Start Time</b> 11:00 a.m.	<input type="checkbox"/> Re-Entry Coordination	<input type="checkbox"/> Recovery Coaching
<b>End Time</b> 12:00 p.m.	<input type="checkbox"/> Peer Support	<input type="checkbox"/> Recovery Counseling
<b># Units of Service</b> 4	<input type="checkbox"/> Work Preparation	<input checked="" type="checkbox"/> Spiritual Counseling
<b>Summary of Session</b>		
<p><b>During this session Jackie and I discussed her prior experience of “church.” She attended a Baptist church with her grandma when she was a child. However, she reported very sporadic attendance since about age 13. She believes in God and plans to use her faith to help in recovery. Discussed Christianity and her beliefs in general. Jackie is going to read a section from the meditations book I loaned her each evening and do a short prayer. Will meet again in one week for a follow-up session.</b></p>		
<b>Client Signature</b> Jackie Doe		
<b>Staff/Service Provider Signature</b> Ron Mckernan		



## ATR III INDIVIDUAL SERVICE NOTE

Client Name ( <i>Print</i> ) <b>John Wall</b>		Check Type of Service ( <i>check one only</i> )	
DMH ID# <b>1234567</b>		<b>Approved Services</b>	<b>Qualified Services</b>
Date of Service <b>1-30-2011</b>		<input type="checkbox"/> Care Coordination <input type="checkbox"/> Re-Entry Coordination <input type="checkbox"/> Peer Support <input checked="" type="checkbox"/> Work Preparation	<input type="checkbox"/> Family Engagement <input type="checkbox"/> Recovery Coaching <input type="checkbox"/> Recovery Counseling <input type="checkbox"/> Spiritual Counseling
Start Time <b>11:00 a.m.</b>			
End Time <b>11:30 a.m.</b>			
# Units of Service <b>2</b>			
Summary of Session			
<b>Discussed John's work history and skills. Helped him to start list</b>			
<b>of skills and past employers for visit to the Career Center tomorrow.</b>			
<b>Identified what has helped him be successful in jobs before and what</b>			
<b>kind of jobs would be most satisfying and why.</b>			
Client Signature <i>John Wall</i>			
Staff/Service Provider Signature <i>Pat Jones</i>			



## ATR III GROUP LOG

<b>ATR III GROUP LOG</b>		
<b>Group Title/Topic</b> Family Dynamics of Alcoholism / Addiction		
<b>Date of Service</b> 1-30-2011	<b>Approved Services</b>	<b>Qualified Services</b>
<b>Start Time</b> 5:00 p.m.	<input type="checkbox"/> Recovery Education	<input checked="" type="checkbox"/> Family Engagement
<b>End Time</b> 6:00 p.m.	<input type="checkbox"/> Spiritual Life Skills	<input type="checkbox"/> Recovery Counseling
<b># Units of Service</b> 4	<input type="checkbox"/> Work Preparation	<input type="checkbox"/> Spiritual Counseling
<b>Group Leader/Staff Signature</b> <i>Pat Jones</i>		
<b>Group Summary</b>		
<b>Each group member had with them someone from their support system.</b>		
<b>Group discussed healthy communication skills for family members and</b>		
<b>facilitated discussion among group members about family concerns. Jane</b>		
<b>and daughter Sally shared how nice it was to talk without leading to an</b>		
<b>argument.</b>		
<b>DMH ID #</b>	<b>Client Name (Print)</b>	<b>Client Signature</b>
<b>123456</b>	<b>Henry Rollins</b>	<i>Henry Rollins</i>
<b>654321</b>	<b>Jane Smith</b>	<i>Jane Smith</i>
<b>13579</b>	<b>Daisy Mae</b>	<i>Daisy Mae</i>
	<b>Henry Rollins Jr.</b>	<i>Henry Rollins Jr.</i>
	<b>Sally Smith</b>	<i>Sally Smith</i>
	<b>Lilli Mae</b>	<i>Lilli Mae</i>



## ATR III GROUP LOG

Group Title/Topic <b>God's Will and Recovery</b>		
Date of Service <b>1-30-2011</b>	<b>Approved Services</b>	<b>Qualified Services</b>
Start Time <b>5:00 p.m.</b>	<input type="checkbox"/> Recovery Education	<input type="checkbox"/> Family Engagement
End Time <b>6:00 p.m.</b>	<input type="checkbox"/> Spiritual Life Skills	<input type="checkbox"/> Recovery Counseling
# Units of Service <b>4</b>	<input type="checkbox"/> Work Preparation	<input checked="" type="checkbox"/> Spiritual Counseling
Group Leader/Staff Signature <i>Jack Kerouac</i>		
Group Summary		
<b>Each group member discussed their prior experiences with church.</b>		
<b>Group members were encouraged to share their personal religious beliefs</b>		
<b>and the role that these beliefs will play in their recovery. August stated he</b>		
<b>went to a Baptist church with his family growing up and wants to reconnect</b>		
<b>with his faith and healing for support.</b>		
DMH ID #	Client Name ( <i>Print</i> )	Client Signature
<b>123456</b>	<b>Joe B. Hall</b>	<i>Joe B. Hall</i>
<b>654321</b>	<b>Jane Smith</b>	<i>Jane Smith</i>
<b>13579</b>	<b>August West</b>	<i>August West</i>



## ATR III GROUP LOG

<b>Group Title/Topic Application Process</b>		
<b>Date of Service 1-30-2011</b>	<b>Approved Services</b>	<b>Qualified Services</b>
<b>Start Time 5:00 p.m.</b>	<input type="checkbox"/> Recovery Education	<input type="checkbox"/> Family Engagement
<b>End Time 6:00 p.m.</b>	<input type="checkbox"/> Spiritual Life Skills	<input type="checkbox"/> Recovery Counseling
<b># Units of Service 4</b>	<input checked="" type="checkbox"/> Work Preparation	<input type="checkbox"/> Spiritual Counseling
<b>Group Leader/Staff Signature</b> <i>Dean Moriarty</i>		
<b>Group Summary</b>		
<b>Discussed and practiced how to create a proper resume'. Each</b>		
<b>client practiced filling out applications from local businesses. Group</b>		
<b>also worked on proper interviewing skills. Jane stated she will need</b>		
<b>proper interview clothing and would like to visit a local clothing bank.</b>		
<b>DMH ID #</b>	<b>Client Name (Print)</b>	<b>Client Signature</b>
<b>123456</b>	<b>Josh Hamilton</b>	<i>Josh Hamilton</i>
<b>654321</b>	<b>Jane Smith</b>	<i>Jane Smith</i>
<b>13579</b>	<b>Jerry Garcia</b>	<i>Jerry Garcia</i>



## ATR III DROP IN CENTER LOG

Date of Service <b>1-30-2011</b>			
Drop In Center Open Time <b>9:00 a.m.</b>		Drop In Center Close Time <b>5:00 p.m.</b>	
Group Leader/Staff Signature <i>Landon Donavan</i>			
Group Leader/Staff Signature <i>Pat Smith</i>			
Drop In Center Activities Summary			
<b>Billiards, Ping Pong, cards, table games, computer work station, coffee</b>			
<b>and group socializing</b>			
DMH ID #	Client Name ( <i>Print</i> )	Client Signature	Time Present
<b>123456</b>	<b>Ben Hogan</b>	<i>Ben Hogan</i>	<b>10 a.m. – 11 a.m.</b>
<b>654321</b>	<b>August West</b>	<i>August West</i>	<b>10 a.m. – 12 p.m.</b>
<b>13579</b>	<b>Don McLean</b>	<i>Don McLean</i>	<b>2 p.m. – 5 p.m.</b>



## ATR III MILEAGE TRANSPORTATION LOG

Driver Name/Signature: *Andy Warhol*

Date	Client Signature	DMH ID #	Miles	Purpose of Transportation To / From
<b>1/30/2011</b>	<i>August West</i>	<b>123456</b>	<b>20</b>	<b>RS to TX and back - Pathways</b>
<b>2/4/2011</b>	<i>Paul Bunyan</i>	<b>654321</b>	<b>20</b>	<b>RS House 123 Main to Pathways</b>
<b>2/5/2011</b>	<i>David Bowie</i>	<b>13579</b>	<b>35</b>	<b>RS to AA and Back to 123 Main</b>



# ATR III HOUSING LOG

**House Address:** 2468 Elm St., Jefferson City 65101

**Date of Service: 1-30-2011**

**Check Type of Service:**

## □ Peer Housing

## Supervised Housing

**Staff Member Name/Signature**

### House Supervision Time

## Chevy Chase

8:00 a.m. – 4:00 p.m.

## Steve Martin

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**4:00 p.m. – 12:00 a.m.**

## Martin Short

**12:00 a.m. – 8:00 a.m.**

DMH ID #

**Client Name (print)**

**Client Signature**

**123456**

**Jay Leno**

**Jay Leno**

654321

**Dave Letterman**

## Dave Letterman

13579

**Craig Ferguson**

## Craig Ferguson

2468

## Conan O'Brien

## Conan O'Brien